

WORK SPACE INSTALLATION & MODIFICATION WORK ORDER

Request #

DATE: _____ DIVISION: _____ NAME: _____
LOW ORG: _____ CUBE/ROOM #: _____ PHONE #: _____

REQUIRED WORK: _____

REQUESTED COMPLETION DATE: _____ ES - PROPOSAL: _____

NOTE: Contractor installation costs are approximately \$24 per hour.

Bureau Director Approval: _____ Date: _____

Division/Office Director Approval: _____ Date: _____

For Employee Support Use:

DATE

INITIALS

OF DAYS

Date Received: _____ By: _____ Time: _____

Date Reviewed: _____ By: _____ Time: _____

AutoCAD: _____ By: _____ Time: _____

Program OK: _____ By: _____ Time: _____

Parts List: _____ By: _____ Time: _____

Ship Date: _____ By: _____ Time: _____

Parts Received: _____ By: _____ Time: _____

Phone, Power, Data Lines: _____ By: _____ Time: _____

Paint, Carpet: _____ By: _____ Time: _____

Install Date: _____ By: _____ Time: _____

Program OK: _____ By: _____ Time: _____

Total Elapsed Time: _____